

Appendix 7.0 - Youth Sailing Safety Form

YOUTH SAILING SAFETY FORM

PLEASE COMPLETE IN BLOCK CAPITALS

Youth Sailor Information	
Name of Junior:	
Date of Birth:	
Address:	
Parent Guardian Information	
Name of Parent / Guardian:	
Onsite/Daytime Mobile:	
Email:	
Home Number:	
If not unavailable, please state an alternative contact for emergency use:	
Name:	
Relationship:	
Contact Number:	

PLEASE TICK AS APPROPRIATE

- My son/daughter is a current member of Lough Neagh Sailing Club
- My son/daughter is NOT currently a member of Lough Neagh Sailing Club

All persons enrolled on Junior Sailing activities avail of temporary membership of Lough Neagh Sailing Club during the sailing session.

LNSC will email / text details about Junior sailing activities. To register for this information please tick the boxes below

- (Please tick if you DO NOT want to be notified about LNSC Juiniore events.)
- (Please tick if you DO NOT want to be notified about other LNSC events.)

Please note photographs may be taken during this event and used for publicity, if you have any objections please inform the Club in writing.

The Youth Sailing Safety Form includes an attached compulsory Medical Questionnaire and Parent / Guardian Declaration.

MEDICAL QUESTIONNAIRE AND PARENT / GUARDIAN QUESTIONNAIRE

Name of Family Doctor:	
Address:	
Telephone Number:	

Has your son/daughter had any of the following:

Asthma or Bronchitis	YES / NO
Heart Condition	YES / NO
Fit, Fainting or Blackouts	YES / NO
Severe Headaches	YES / NO
Diabetes	YES / NO
Allergies to any known drugs	YES / NO
Any other allergies, i.e. insect bites etc.	YES / NO
Other illness or disabilities	YES / NO
Any recent contact with contagious diseases and infections	YES / NO

If the answer to any of these questions is YES please give details below

Has your son/daughter been given specific medical advice to follow in emergencies?	YES / NO
Does your son/daughter have any allergies?	YES / NO

If the answer is YES to either of these questions please give details below (including dosage of medication).

I wish my son/daughter named above to be allowed to take part in sailing sessions and I agree to his/her taking part in any or all of the activities. I have ensured that my son/daughter understands that it is important for his/her safety and for the safety of the group that any rules and instructions given by the people in charge are obeyed. I understand that, while members and helpers in charge of the group will take all reasonable care of the young people, unless the organisers are negligent they cannot be held responsible for any loss, damage or injury suffered by my son/daughter arising during the event. I confirm that my son/daughter has an acceptable level of confidence when around water.

I parent/guardian of the named applicant, give permission to the organisers of this event to administer any relevant treatment or medication if necessary. In the event of an emergency situation I authorise the organisers to take my son/daughter to hospital and give me full permission for any treatment required to be carried out in accordance with the hospital diagnosis. I understand that I shall be notified as soon as possible of the hospital visit and any treatment given.

Signed:	
(BLOCK CAPITALS):	
Date:	